

2409

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 168
Registrar's No. 400

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location St. Josephs Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution One day ; In Community One day ; In Arizona 39 Yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Arlington
(If outside city limits also write RURAL)
(d) Street No. _____ ; (e) If foreign born, in U. S. A. _____ yrs.
3. (a) FULL NAME Jessie Elizebeth Richardson (b) If veteran name war None (c) Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband E. J. Richardson 6. (c) Age of husband 75 yrs.
or wife, if alive

7. Birthdate of deceased Dec 8, 1878
(Month) (Day) (Year)
8. AGE: Years 61 Months 3 Days 0 If less than one day
hrs. _____ min. _____

9. Birthplace Alvin Ill.
(City, town or county) (State or Country)

10. Usual Occupation Housewife
11. Industry or Business At Home

Father { 12. Name John Rutledge
13. Birthplace Unknown Ill.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Susan Lyon
15. Birthplace Unknown Ill.
(City, town or county) (State or Country)

16. (a) Informant's own signature [Signature]
(b) Address Buckeye, Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Buckeye (c) Date 3/8 19 41

18. (a) Embalmer's Signature E. H. Gamble 1327
(b) Funeral Director Mortensen and King
(c) Address Phoenix, Ariz.

19. (a) MAR 25 1941
(Date received local Registrar)
(b) John Chausette, M.D.
(Registrar's Signature)
20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 8, 1941 ;
TIME (Hour and minute) Eight thirty P. M.

21. I hereby certify that I attended the deceased from March 7, 41
to March 8, 1941 ;
that I last saw h. or alive on March 8, 1941 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Brain condition probably a brain tumor with hemorrhage
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION
at least 6 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Paul V. Palmer M. D.
Address 15 E. Monroe Date signed 3-24-41